2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 23, 2005 08:00 AM DOCUMENT # P03000141350 **Secretary of State** 1. Entity Name STEPHEN F. CILWICK INC. Mailing Address Principal Place of Business 11893 JUNO CRESCENT 11893 JUNO CRESCENT HOBE SOUND, FL 33455 US HOBE SOUND, FL 33455 No Chg-P 03212005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 42-1612745 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CILWICK, STEPHEN 11893 JUNO CRESCENT HOBE SOUND, FL 33455 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NGTE, Registered Agent signature required when reinstating) DATE Signature, typed or printed harne of registered agent and life if applicable, 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS THILE NAME CILWICK, STEPHEN 11893 JUNO CRESCENT STREET ADDRESS U00000272844 CITY ST ZIP HOBE SOUND, FL 33455 03/23/05-80004-013 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITE KAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE 3.77NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I turther certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NING OFFICER OF DIRECTOR

FILED